CALIFORNIA INTEGRATED WASTE MANAGMENT BOARD

Waste Tire Hauler Program
P.O. Box 4025

Sacramento, California 95812

Sacramento, CA 95812

Fax (916) 319-7605

WASTE TIRE HAULER TEMPORARY REGISTRATION NOTIFICATION FORM

As the Registered Waste Tire Hauler, you are required to notify the California Integrated Waste Management Board (CIWMB) in writing within two (2) calendar days of when your Registered Waste Tire Hauler Temporary Registration Certificate is used. Please complete the information below and mail or fax this form to the address or fax number listed at the top right hand corner of this document.

Notification Date:	
CIWMB Waste Tire Hauler Identificat:	ion Number (First 4 digits):
Hauler's Company Name:	
Inoperable Vehicle License Plate #(:	if applicable):
Inoperable Vehicle Assigned Decal #	(if applicable):
Time Period Of Temporary Registration	on Use (exact dates):
Temporary Vehicle License Plate #:	(State)
Make/Model Of Temporary Vehicle:	
Reason For Temporary Use:	
Signature of Authorized Agent Da	ate
Printed Name of Authorized Agent	